2010

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

| ΑI | For th | e 2009 calendar year, or tax year beginning OCT 1, 2009 and ending | SEP 30, 2010 | | | | | |
|---------------------------|-----------------------|--|-----------------------------------|--------------|---------------------------------------|--|--|--|
| В | Check if | . Friedse | D Employer ide | ntific | ation number | | | |
| _ | ⊐Addre | USE HS CONNECTED THE CALIFORNIA CENTER FOR | | | • | | | |
| 느 | chang | ge print or COLLEGE AND CAREER | | | | | | |
| <u> </u> | chang | Doing Business As | | 4781 | 979 | | | |
| Ļ | return | Number and street (or P.U. dox it mail is not delivered to street address) Room/s | | | | | | |
| Ļ | Termi ated Amen | Instructions 2150 SHATTUCK AVENUE 1200 | | .0)84 | 9-4945 | | | |
| 늗 | return | City or town, state or country, and ZIP + 4 | G Gross receipts \$ | | 5,493,523. | | | |
| _ | tion pendi | BERRELEI, CA 54704 | H(a) Is this a gro | | | | | |
| | | F Name and address of principal officer:CARL TAIBL | for affiliates | | Yes X No | | | |
| _ | | SAME AS C ABOVE | H(b) Are all affiliate | | | | | |
| | | tempt status: X 501(c)(3) (insert no.) 4947(a)(1) or 527 ite: Www.CONNECTEDCALIFORNIA.ORG | | | ist. (see instructions) | | | |
| - | | | H(c) Group exem | | · · · · · · · · · · · · · · · · · · · | | | |
| | art I | Summary | ear of formation: 2006 | M | State of legal domicile; CA | | | |
| <u></u> | 1 | Briefly describe the organization's mission or most significant activities: SEE SCHEDULE | | | | | | |
| če | ' | bliefly describe the organization's mission or most significant activities: | | | | | | |
| Activities & Governance | 2 | Check this box if the organization discontinued its operations or disposed or | CEIVED note than 2920 of its n | ot one | note . | | | |
| Ş | 2 | Number of voting members of the governing body (Port VI line 1s) | 7 | 3 | | | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) | | 4 | 5 | | | |
| 80 | 5 | Total number of employees (Part V, line 2a) | 1 6 2011 | 5 | 20 | | | |
| /itie | 6 | Total number of volunteers (estimate if necessary) | enistry of | 6 | 1 | | | |
| cţi | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 Char | itable Trusts | 7a | 0. | | | |
| ٩ | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. | | | |
| | | | Prior Year | | Current Year | | | |
| <u>o</u> | 8 | Contributions and grants (Part VIII, line 1h) | 21,840,8 | 98. | 4,841,767. | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | , 515,3 | 45. | 609,674. | | | |
| ě | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 36,6 | 96. | 16.,798. | | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 24,4 | 50. | 25,284. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 22,417,3 | 89. | 5,493,523. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,786,8 | 00. | 10,302,500. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,100,5 | 43. | 2,830,612. | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | <u> </u> | | | | | |
| Ä | | Total fundraising expenses (Part IX, column (D), line 25) | | | <u> </u> | | | |
| _ | | V 11 V 1 | 2,674,4 | | 2,315,175. | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 6,561,7 | | 15,448,287. | | | |
| or | 19 | Revenue less expenses. Subtract line 18 from line 12 | 15,855,6 | | -9,954,764. | | | |
| ets o | 20 | Total coasts (Part V. line 10) | Beginning of Current Y | _ | End of Year | | | |
| Assi | 21 | Total assets (Part X, line 16) Total liabilities (Part X, line 26) | 20,336,7 | | 15,537,102. 7,522,084. | | | |
| Net Assets Fund Balanc | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 17,969,7 | | | | | |
| Pa | art II | Signature Block | 1 17,303,7 | 02. | 8,015,018. | | | |
| _ | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle | ents, and to the best of my kno | owledge | and belief, it is true, correct, | | | |
| | | and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle | edge. | | | | | |
| Sig | n | (mil Ozel | 1 81 | 3/10 | | | | |
| Her | | Signature of officer | Date | | | | | |
| | | CARL TAIBL, CFO | | • | | | | |
| _ | | Type or print name and title | | | | | | |
| Paid | 1 | Preparer's Date | Check if P | reparer | 's identifying number ructions) | | | |
| _ | parer's | signature 08/12/11 | employed ► | | | | | |
| | Only | yours if SINGERLEWAK LLP | EIN ▶ | | • | | | |
| | | self-employed), address, and 100 W SAN FERNANDO ST STE 365 | | | | | | |
| | | ZIP+4 - SAN JOSE, CA 95113 | Phone no. | → 408 | -294-3924 | | | |
| May | the II | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | | |

COLLEGE AND CAREER

| 1 | Briefly describe the organization's mission: SEE SCHEDULE 0 | |
|--------|--|---------------------------------------|
| • | Shorty describe the organization of mosteri. | • |
| | | <u></u> |
| | | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | Yes X No |
| | the prior Form 990 or 990-EZ? | □ Yes ட No |
| _ | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and | + |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported. | |
| | | |
| 4a | (Code:) (Expenses \$ 13,210,475. including grants of \$ 10,285,000.) (Revenue \$ | 101,078.) |
| | DISTRICT & LEADERSHIP: HELPS THE DISTRICTS DEVELOP SYSTEMS OF PATHWAYS | |
| | TO OFFER STUDENTS MULTIPLE OPTIONS IN THEIR DISTRICT, NOT JUST THE | |
| | CHOICE OF ONE OR TWO PATHWAYS AT A PARTICULAR HIGH SCHOOL; AND TO | |
| | SUPPORT DISTRICTS IN PLANNING AND IMPLEMENTING AT LEAST SIX TO EIGHT | |
| | HIGH-QUALITY PATHWAYS IN THEIR DISTRICTS HIGH SCHOOL PROGRAMS OVER THE | |
| | NEXT 3 TO 4 YEARS. | |
| | The state of the s | |
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| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ 442,269, including grants of \$ 17,500,) (Revenue \$ | 304,570.) |
| | PATHWAY AND CURRICULUM DEVELOPMENT: DEVELOPS INTEGRATED UNITS FOR | |
| | ACADEMIC TEACHERS PARTICIPATING IN THE BIOMEDICAL AND HEALTH SCIENCES | |
| | PATHWAY; CONVENES AN ADVISORY COMMITTEE OF EDUCATORS AND INDUSTRY | |
| | REPRESENTATIVES TO BEGIN PLANNING THE DEVELOPMENT OF A PATHWAY AND | |
| • | CURRICULUM FOR ARTS, MEDIA, AND ENTERTAINMENT; CONVENES A GROUP AND | |
| | LEADS DISCUSSIONS LEADING TO PATHWAY CERTIFICATION CRITERIA FOR MODEL | |
| | PATHWAYS. | |
| | | |
| | | |
| | | |
| | | |
| | | **** |
| 4c | (Code:) (Expenses \$ 216,280 · including grants of \$ 0 ·) (Revenue \$ | 204:026 |
| 70 | (Code:)(Expenses \$ 216,280 including grants of \$ 0)(Revenue \$ TURNKEY PATHWAY AND IMPLEMENTATION: DEVELOPS AND ASSESSES PATHWAYS IN | 204,026.) |
| | NETWORK HIGH SCHOOLS THAT PROMOTE BOTH COLLEGE AND CAREER PREPARATION; | |
| | GATHERS FEEDBACK FOR FURTHER DEVELOPMENT AND EVALUATE SUCCESS RATE. | <u>.</u> |
| | GATHERS FEEDBACK FOR FURTHER DEVELOPMENT AND EVALUATE SUCCESS RATE. | |
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| | | <u> </u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services. (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ►\$ 13,869,024. | |
| | , | Form 990 (2009) |
| 032003 | , · | FULL 930 (2009) |

Part IV Ch cklist of R guired Schedul s

20-4781979

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I х X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 x Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable X. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12 Х 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III x Did the organization operate one or more hospitals? If "Yes," complete Schedule H х

Form 990 (2009)

Form 990 (2009) COLLEGE AND CAREER 20-4781979 Page 4 Part IV | Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete х 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV x A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete . Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

Form **990** (2009)

| Form | 990 (2009) COLLEGE AND CAREER | | 20-4781979 | | Р | age 5 | | | |
|------|---|----------|------------------|---|----------|--|--|--|--|
| Par | t V Statements R garding Other IRS Filings and Tax Compliance | | | | | | | | |
| | | | | | Yes | No | | | |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | , | . ! | | | | | |
| | U.S. Information Returns. Enter ·0· if not applicable | 1a | 28 | N. | 6 | Allen a | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | | | | |
| С | | | | | | | | | |
| | (gambling) winnings to prize winners? | ······i | | 1c | Х | <u> </u> | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return* | 2a | 20 | *************************************** | -1 | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | | | 2b | Х | <u> </u> | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | • | | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year covered | ed by th | nis return? | 3a | | Х | | | |
| | - | | | 3b | | ├ | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | | ۱ | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accour | nt)? | 4a | | Х | | | |
| D, | If "Yes," enter the name of the foreign country: | | _ | A. | 1 | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign | Bank a | ind | | | | | | |
| | Financial Accounts. | | • | | - | x | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | x | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transatif "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardance. | | | 5b | | ^ - | | | |
| · | | _ | | E . | ŀ | - | | | |
| 62 | Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | | nization policit | 5c | <u> </u> | | | | |
| - Ou | any contributions that were not tax deductible? | • | | 6a | | х | | | |
| h | If "Yes," did the organization include with every solicitation an express statement that such contribu | | | Va | - | | | | |
| | were not tax deductible? | | - | 6b | | , | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | - OD | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for | annds | and services | | | | | | |
| _ | provided to the payor? | • | | . 7a | ŀ | x | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | 1 | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | | | | | | |
| | to file Form 8282? | | | 7c | | х | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a | person | al [°] | <u> </u> | | | | | |
| | benefit contract? | | ••••• | 7e | | х | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | ract? | | 7f | | Х | | | |
| ,g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required' | ? | | 7 g | | | | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0 | | | 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or | | | | + 2 | | | | |
| | supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc | ess bu | siness holdings | | | | | | |
| | at any time during the year? | | | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | · | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | | <u> </u> | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | <u> </u> | | | |
| 10 | Section 501(c)(7) organizations. Enter: | 1 | - | | ŀ | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | 71 | | | | | |
| 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | ایرا | , | ~ | 1 | | | | |
| a | Gross income from members or shareholders | 11a | | | | ,90 | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | , , , | | | | | | | |
| 129 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 11b | | 40- | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 1041? | | 12a | | | | | |
| | | [IZD | * | | 200 | (0000) | | | |

COLLEGE AND CAREER

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | tion A. Governing Body and Management | | | |
|------------|---|----------|----------------|----------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 5 | | |
| b | Enter the number of voting members that are independent | 5 | | Ì |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | x |
| 6 | Does the organization have members or stockholders? | 6 | | х |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | |
| | governing body? | 7a | | х |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | |
| | by the following: | | 1 | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х |
| Sc | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | Х. |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | х | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | i |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | |
| | to conflicts? | 12b | х | |
| , с | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this is done | 12c | х | |
| 13 | Does the organization have a written whistleblower policy? | 13 | х | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Х | - |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | i |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | , | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | х |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | No. | ofth in parame | |
| | exempt status with respect to such arrangements? | 16b | | |
| <u>S</u> c | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶CA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available | for | | |
| | public inspection. Indicate how you make these available. Check all that apply. | • | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a | ınd fina | ncial | |
| | statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization. | ation: 🕨 | | <u> </u> |
| | CARL TAIBL, CFO - (510)849-4945 | | | |
| | 2150 SHATTUCK AVENUE, BERKELEY, CA 94704 | | | |
| | · | Form | 990 (| 2009) |

Page 7

COLLEGE AND CAREER

Part VII Comp nsation f Offic rs, Directors, Trustees, Key Employees, Highest Comp nsated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|-------------------------------------|-------------|--------------------------------|------------------------|----------|--|------------------------------|------------|--|--|--|
| Name and Title | Average | | Position | | Reportable | Reportable | Estimated | | | |
| • | hours | (cl | (check all that apply) | | compensation | compensation | amount of | | | |
| | per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| MILTON CHEN | | - | _ | _ | _ | - | ļ <u> </u> | | <u> </u> | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| PAUL HUDSON | 1.00 | | - | | - | \vdash | ┝ | | 0. | · · · · · · · · · · · · · · · · · · · |
| DIRECTOR | 1.00 | x | | | | | | 0. | . 0. | 0. |
| TED MITCHELL | | | | - | - | ╁ | \vdash | | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| KEN NOONAN | | | | _ | | \vdash | \vdash | | - • | |
| DIRECTOR | 1.00 | x | | | | | 1 | 0. | 0. | 0. |
| JEANNIE OAKES | | | | | | \vdash | | | | |
| DIRECTOR (RESIGNED 4/4/10) | 1.00 | x | | | | | | 0. | 0. | 0. |
| CARL ROSENDAHL | | | | | i — | | ļ . | | | |
| DIRECTOR | 1.00 | х | | | | | ' | 0. | 0. | 0. |
| GARY HOACHLANDER | | | | | | | | · | | |
| PRESIDENT | 40.00 | | | х | | | | 286,028. | 0. | 23,452. |
| BRADLEY STAM | | | | | | | | | | |
| VICE PRESIDENT (START DATE 7/1/10) | 40.00 | | | х | | | | 0. | 0. | 0. |
| CARL TAIBL | | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | 40.00 | | | х | | | | 56,496. | 0. | 4,893. |
| PAULA M. HUDIS | | | | | | | | | | |
| DIRECTOR FOR PATHWAY & CURRICULUM | 40.00 | | | | х | | | 220,419. | 0. | 19,028. |
| KATHLEEN HARRIS | | | | | | ŀ | | | | |
| DIRECTOR FOR TECHNICAL ASSISTANCE | 40.00 | | | | | Х | | 126,836. | .0. | 12,226. |
| ARLENE LAPLANTE | | | | | ŀ | | | | | |
| DIRECTOR FOR THE CONNECTED NETWORK | 40.00 | | | | _ | х | | 169,515. | 0. | 15,520. |
| ROMAN J. STEARNS | | | | | | | | | | |
| DIRECTOR FOR LEADERSHIP DEVELOPMEN | 40.00 | L. | | <u> </u> | _ | х | <u> </u> | 152,214. | 0. | 12,601. |
| DAVID YANOFSKY | | | | | | | | | | |
| DIRECTOR OF MEDIA & YOUTH DEVELOPME | 40.00 | | | | | х | <u> </u> | 117,191. | 0. | 9,685. |
| | | | | | | | | · . | y | |
| | | | | | | | | <u> </u> | | •, |
| | | | | | | | | | · | |
| | | | | | | | | | | |

932007 02-04-10

Form **990** (2009)

· COLLEGE AND CAREER

| Part VII Section A. Officers, Directors, Tru (A) | | mple | yee | | | ligh | est | (D) | ees (continuea) (E) | | | (F) | |
|--|-------------------------|--------------------------------|-----------------------|---------|--------------|-----------------------------|--------|---------------------------------------|-------------------------------|-----------------------------------|-----------|---------------------|--|
| (A) Name and title | (B) Average | (C) Position | | | | | | Reportable | Reportable | | Estimated | | |
| Traine and the | hours per | H | | | | app | ly) | compensation | compensatio | n l | an | nount of other | |
| | week | lee or director | stee | | | nsated | | the organization | organization (W-2/1099-MIS | s | com fr | pensation om the | |
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compens employee | Former | (W-2/1099-MISC) | | organiza and rela organizat | | | |
| | | | | | | | | | | | | | |
| entral extraction and the state of the state | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| · | | | | | | | | | | | | | |
| • | | | | | | | | | | | | | |
| *************************************** | | | | | | | | • . | | | | | |
| | | | | | | | | | | | | · . | |
| | | | | | | | | | | | | | |
| | | | ļ | _ | ļ_ | | | | | | | | |
| | ۵ | | | | ľ | | | | | | | • | |
| Total number of individuals (including but n | | | | | | e) wh | 10 r | 1,128,699. eceived more than \$100 |),000 in reportab | 0. le | | 97,405 | |
| compensation from the organization | | | | | | | | <u> </u> | | | | Yes No | |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | | | • | • | • | | highest compensated er | ' ' | | 3 | x | |
| 4 For any individual listed on line 1a, is the su | ım of reportab | le co | omp | ensa | ation | n and | to b | her compensation from | the organization | | 3 | | |
| and related organizations greater than \$150 | | | | | | | | | | | 4 | х | |
| 5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched | | | | | | | | | | | 5 | x | |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| Complete this table for your five highest co the organization. | mpensated in | depe | ende | ent c | ont | racto | ors 1 | that received more than | \$100,000 of con | npens | ation t | rom | |
| (A) | | | | | | | | (B) | | - | (0 | | |
| Name and business MPR ASSOCIATES, 2150 SHATTUCK AVENUE, | | | | | | | _ | Description of s | ervices | | ompe | nsation | |
| SUITE 800, BERKELEY, CA 94704 | | | | | | | | RESEARCH, ANALYSIS | & RENT | | 1 | ,078,684 | |
| | | | | - | | | | | | | | · | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | , | | | | | | | | | | | . 17047 | |
| 2 Total number of independent contractors (ii \$100,000 in compensation from the organization) | | ot lii | mite | d to | | se lis 1 | stec | d above) who received m | nore than | | | * | |
| | | | | | | | | · | | | Form ! | 990 (2009) | |

| Pa | irt VII | Statement of Revenue | nu | | | | | |
|--|---------------|--|---|---------------|---|--|---|---|
| | | | | 4.1 | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | 1 a b c | Federated campaigns Membership dues Fundraising events Related organizations | 1c | | | | | |
| | e f g | Government grants (contributions) All other contributions, gifts, grant similar amounts not included about the contributions included in lines | ions) 1e ts, and te ts, and triangle 1f | 4,841,767. | | | | |
| 8 € | h | Total. Add lines 1a-1f | | | 4,841,767. | . • | ÷ ,- | |
| | | | | Business Code | | | | |
| rvice e | 2 a b | | | 900099 | 609,674. | 609,674. | | |
| Program Service Revenue | c d | | | | | | | |
| Prog | e | All other program service reve | 20110 | | | | | |
| | 'a | | | | 609,674. | | <u> </u> | |
| | 3 | Investment income (including other similar amounts) | dividends, inter | est, and | 16,798. | | | 16,798. |
| | 4 | Income from investment of tax | | | | | | · · · · · · · · · · · · · · · · · · · |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross Rents | (i) Real 25,200 | (ii) Personal | | | | |
| | b | | | | | | | |
| | C | Rental income or (loss) | 25,200 | | | | | • |
| | d | Net rental income or (loss) | <u></u> | | 25,200. | | | 25,200. |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | , | |
| | | Less: cost or other basis and sales expenses | | | | ************************************** | | |
| | | Net gain or (loss) | | • | haran | | | |
| enne | | Gross income from fundraising including \$ | g events (not · of | | | : , | lse/ | 7 - 1 - W - V |
| Other Reve | | contributions reported on line Part IV, line 18 | a | | · I | 7 . | ing. | • |
| ğ | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 | tivities. See | ····· | | | | |
| | | Less: direct expenses Net income or (loss) from gam | b | | | M. M. | | |
| | 10 a | Gross sales of inventory, less and allowances Less: cost of goods sold | returns a | | | | | |
| | l | Net income or (loss) from sale: | | | | | · · · · · · · · · · · · · · · · · · · | |
| • | ۳ | Miscellaneous Revenu | | Business Code | | | 192 | |
| | 11 a | OTHER INCOME | | 900099 | 84. | | 1861 | 84. |
| | b | | | | | | | |
| | C | | | - | | • | | |
| | | All other revenue | | | 84. | | | |
| | 12 | Total revenue. See instructions. | | | 5,493,523. | 609,674. | 0 . | 42.000 |
| 93200 02-04 | 9 | | <u></u> | | 3,233,323. | 309,074. | 0. | 42,082. Form 990 (2009) |

Part IX | Statem int of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| All other organizations must comple | te column (A) but are not requi | red to complete columns (B), (C), and (D). |
|-------------------------------------|---------------------------------|--|
| | | 751 |

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-------|---|--------------------|------------------------------|--|--------------------------|
| 1 | Grants and other assistance to governments and | | | <u> </u> | |
| | organizations in the U.S. See Part IV, line 21 | 10,302,500. | 10,302,500. | | |
| 2 | Grants and other assistance to individuals in | | • | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | - | |
| | See Part IV, lines 15 and 16 | , | | | 4 |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 777,957. | 70,458. | 707,499. | |
| 6 | Compensation not included above, to disqualified | • | | | |
| | persons (as defined under section 4958(f)(1)) and | | | + | |
| | persons described in section 4958(c)(3)(B) | | | ė. | |
| 7 | Other salaries and wages | 1,358,035. | 1,333,639. | 24,396. | |
| 8 | Pension plan contributions (include section 401(k) | | | <u> </u> | |
| - | and section 403(b) employer contributions) | 87,893. | 84,643. | 3,250. | • |
| 9 | Other employee benefits | 457,073. | 342,870. | 114,203. | |
| 10 | Payroll taxes | 149,654. | 102,242. | 47,412. | |
| 11 | Fees for services (non-employees): | | , | | |
| a | . ' ' ' | | | • | |
| b | | 4,935. | | 4,935. | |
| | • | 40,531. | | 40,531. | |
| ٦ | Accounting Labbring | 10,331. | | 40,331. | *** |
| | Lobbying Professional fundraising services. See Part IV, line 17 | | | | <u> </u> |
| e | | | HILLE MANAGEMENT | | |
| f | Investment management fees | 960 001 | 011 207 | F7. C04 | |
| g | | 869,001. | 811,397. | 57,604. | |
| 12 | Advertising and promotion | 16,752. | 12,036. | 4,716. | , . |
| 13 | Office expenses | 29,612. | 21,129. | 8,483. | |
| 14 | Information technology | | | | |
| 15 | Royalties _ | 156 550 | | | |
| 16 | Occupancy | 176,558. | 76,042. | 100,516. | |
| 17 | Travel | 238,143. | 190,849. | 47,294. | |
| 18 | Payments of travel or entertainment expenses | | | | · |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 103,726. | 77,794. | 25,932. | |
| 20 | Interest | | · | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 11,162. | 4,027. | 7,135. | |
| 23 | Insurance | 2,703. | 1,007. | 1,696. | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | · | ••• | |
| а | SUBCONTRACTORS | 718,329. | 380,300. | 338,029. | |
| b | MISCELLANEOUS | 40,101. | 8,250. | 31,851. | |
| С | TELEPHONE | 18,145. | 16,230. | 1,915. | |
| d | OTHER COSTS | 15,825. | 15,027. | 798. | |
| е | EQUIPMENT RENTAL | 13,324. | 6,490. | 6,834. | |
| f | All other expenses | 16,328. | 12,094. | 4,234. | |
| 25 | Total functional expenses. Add lines 1 through 24f | 15,448,287. | 13,869,024. | 1,579,263. | 0, |
| 26 | Joint costs. Check here if following | , - , | | =,=,=,=,= | |
| | SOP 98-2. Complete this line only if the organization | | | | , |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | • |
| 00001 | 0 02-04-10 | | | ······································ | Form 990 (2009) |

Form **990** (2009)

| | | (A) Beginning of year | | (B) End of year |
|--|---|---|-----|---|
| 1 | Cash - non-interest-bearing | 657,456. | 1 | 326,501 |
| 2 | Savings and temporary cash investments | 8,305,530. | 2 | 9,753,359 |
| 3 | Pledges and grants receivable, net | 10,916,544. | 3 | 4,950,000 |
| 4 | Accounts receivable, net | 427,153. | 4 | 434,574 |
| 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | employees, and highest compensated employees. Complete Part II | • | | |
| | of Schedule L | | 5 | |
| 6 | Receivables from other disqualified persons (as defined under section | | | |
| , | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete | | | |
| | Part II of Schedule L | territorio de la constanta de | 6 | , |
| g 7 | Notes and loans receivable, net | | 7 | |
| 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | Inventories for sale or use | | 8 | · · · · · · · · · · · · · · · · · · · |
| ξ 9 | Prepaid expenses and deferred charges | 9,549. | 9 | 37,417 |
| 10: | 1 1 | , | | · · · · · · · · · · · · · · · · · · · |
| | basis. Complete Part VI of Schedule D 10a 56,924. | | | |
| | Less: accumulated depreciation 10b 22,873. | 12,085. | 10c | 34,051 |
| 11 | Investments - publicly traded securities | | 11 | , |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | • |
| 13 | Investments - program-related. See Part IV, line 11 | ., | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 8,407. | 15 | 1,200 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 20,336,724. | 16 | 15,537,102 |
| 17 | Accounts payable and accrued expenses | 2,149,442. | 17 | 875,691 |
| 18 | Grants payable | 217,500. | 18 | 6,646,393 |
| 19 | Deferred revenue | , | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | · |
| | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| 22 | Payables to current and former officers, directors, trustees, key employees, | | | |
| <u> </u> | highest compensated employees, and disqualified persons. Complete Part II | | | e |
| 21 22 22 22 22 23 23 24 25 25 25 25 25 25 25 | | - | 22 | ************************************** |
| 23 | of Schedule L Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| 26 | T-1-18-18-18-2- A 1 1 1 2 4 7 0 1 0 5 | 2,366,942. | 26 | 7,522,084 |
| | Organizations that follow SFAS 117, check here | | 20 | 7,022,001 |
| , | lines 27 through 29, and lines 33 and 34. | | | |
| 27 28 29 30 31 32 31 32 32 32 33 32 33 32 33 33 33 33 33 33 | Unrestricted net assets | 224,979. | 27 | 1,381,030 |
| 28 | Temporarily restricted net assets | 17,744,803. | 28 | 6,633,988 |
| 29 | | 17,711,003. | 29 | 0,033,300 |
| | Permanently restricted net assets Organizations that do not follow SFAS 117, check here and | , | 29 | |
| _ | complete lines 30 through 34. | | | e transfer of the second |
| 30 | Capital stock or trust principal, or current funds | | | · · · · · · · · · · · · · · · · · · · |
| 31 | Paid in a capital ourning or land, building or agricument fund | <u>-</u> | 30 | · · · · · · · · · · · · · · · · · · · |
| 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 33 | Retained earnings, endowment, accumulated income, or other funds | 17,969,782. | 32 | 9 015 010 |
| | Total net assets or fund balances | | 33 | 8,015,018 |
| 34 | Total liabilities and net assets/fund balances | 20,336,724. | 34 | 15,537,102 |

Form **990** (2009)

| Pa | rt XI Financial Stat ments and R porting | | | |
|------------|--|----|-----|--------|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | х |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | х | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | х | |
| d | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a | | | |
| | consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | |
| | Act and OMB Circular A-133? | За | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | , , | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | ļ |
| | | r | 000 | (0000) |

SCHEDULE A (Form 990 or 990-EZ)

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

| Name of t | the organizati | on CONNECTED | THE CALIFORNIA CEN | TER FOR | | | | E | mployer id | lentificati | on nun | nber |
|--------------|--|--|---|---|--|--|--|--|--|--|---|------------------|
| | | COLLEGE AN | | | | | • | | . 20- | 4781979 | | |
| Part I | Reason | for Public Char | ity Status (All organiz | zations mu | st complet | te this par | t.) See ins | tructions. | | | | |
| The organ 1 | A church, con A school des A hospital or A medical res | nvention of churche cribed in section 17 a cooperative hospites arch organization | because it is: (For lines so, or association of chur (70(b)(1)(A)(ii). (Attach So ital service organization operated in conjunction | rches desc chedule E.) described | ribed in se | ection 170 | (b)(1)(A)(i) (A)(iii). | | iii). Enter th | e hospital | 's name | е, |
| 5 🗌 | | | benefit of a college or u | niversity o | wned or op | perated by | a govern | mental ur | nit describe | d in | | |
| 6 | A federal, sta An organizati section 170(| te, or local governm on that normally rec b)(1)(A)(vi). (Comple | nent or governmental uni ceives a substantial part | of its supp | oort from a | | | or from the | e general p | ublic desc | ribed ir | 1 |
| 9 | An organizati activities relatincome and use section. An organizati more publicly describes the authorization Type By checking foundation must be provided in the organization of the orga | on that normally rected to its exempt furinrelated business to 509(a)(2). (Complete on organized and operating the type of supporting this box, I certify the anagers and other that on received a writer attention, check the type of supporting type of supporting the type of su | reives: (1) more than 33 notions - subject to certa axable income (less sector Part III.) perated exclusively to temperated exclusively for the ations described in section organization and complement of the organization is not than one or more publication to the organization from the organization accepted and inectly controls, either all | 1/3% of its ain except tion 511 takes for public he benefit ion 509(a)(lete lines 1 to Typt to controlled y supporte the IRS the lines of the lines | s support fions, and (ax) from but lic safety. So of, to perform the through the III - Function of directly one of the through | 2) no more sinesses a See section or 509(a)(2 a 11h. stionally interiors designed by the section of the section | e than 33 acquired be acquired by one ocribed in sell, or Type of the foll described | 1/3% of it by the org 4). , or to car ction 509 or more dissection 50 e III lowing per in (ii) and | s support from anization and anization and anization and anization and anization aniza | rom gross fter June 3 ourposes o ck the box Type III - (ersons oth ection 509 | investi 30, 1979 of one of that Other ner than | ment 5. or |
| | - | | upported organization? | | | | | | | 11g(i) | | |
| | (ii) A family | member of a persor | n described in (i) above? | , | | | | | | 11g(ii) | | |
| | | | person described in (i) | | | | | | | 11g(iii) | | |
| h | Provide the fo | ollowing information | about the supported or | ganization | (s). | | | | | | , | |
| | of supported anization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section | in col. (i) li governing | organization sted in your document? | organizat | | (vi) I organizati (i) organi U.S | s the on in col. zed in the S.? | | nount of | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| **** | | | | <u> </u> | | | | | | | | |
| | | | | <u> </u> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | , | | | | | |
| Total | | | I | 1 | | | | | | | | |

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 COLLEGE AND CAREER Page 2 Support Sch dul for Organizations D scrib d in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 5,689,220 1,828,046 588,447 790,626 5,439,727 14,336,066. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5,689,220, 1,828,046 588,447 790,626 5,439,727 14,336,066. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 12,406,407. 6 Public support. Subtract line 5 from line 4. 1,929,659. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 5,689,220 1,828,046 588,447 790,626 5,439,727 14,336,066. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 6,392 84,879 96.588 60,096 41 618 289,573. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1,050. 84 1,134. 11 Total support. Add lines 7 through 10 14,626,773. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here \mathbf{x} Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

| | rt III Support Sch dul for C | Organizations | D scrib d in | S ction 509(a) | (Complete only | if you checked the bo | x on line 9 of Part I.) |
|------|---|----------------------|-----------------------|------------------------|----------------|----------------------------------|---------------------------------------|
| | tion A. Public Support | | · | | | | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| 2 | include any "unusual grants.") Gross receipts from admissions, merchandise sold or services per- | , | | | | | |
| | formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| 5 | or expended on its behalf The value of services or facilities furnished by a governmental unit to | | | · | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and | | | | | | · · · · · · · · · · · · · · · · · · · |
| b | 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | · | |
| c | amount on line 13 for the year Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | * | | | | . | |
| Cale | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | | | | İ | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | 4· · · | | | | | |
| 11 | Add lines 10a and 10b | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| | Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for | r the erganization' | s first seemed this | d for who are fifthe t | | 501(-)(0) | |
| | check this box and stop here | | | | | | |
| | ction C. Computation of Publ | | | | weare. | 1 - 1 | |
| 15 | Public support percentage for 2009 (| line 8, column (f) d | livided by line 13, o | column (f)) | | 15 | |
| 16 | Public support percentage from 2008 ction D. Computation of Investigation | stment Incom | Percentage | | | 16 | % |
| | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2008 Schedule A, | Part III, line 17 | | ., | 18 | |
| | 33 1/3% support tests - 2009. If the | | | | | | |
| | more than 33 1/3%, check this box a | | | | | | _ [] |
| b | 33 1/3% support tests - 2008. If the | | | , | | | |
| 20 | line 18 is not more than 33 1/3%, che Private foundation. If the organization | | | | | | |
| | ate journation, it the organization | and not oneck a | DOX OF HITE 14, 19 | a, or 190, check ti | | structions ledule A (Form 990 | |

CONNECTED THE CALIFORNIA CENTER FOR

| Schedule A (1 0111 990 01 990 LZ) 2009 11 11 11 11 11 11 11 11 11 11 11 11 11 | 20-4781979 | Page 4 |
|---|---------------------------------------|---------------------------------------|
| Part IV Supplem ntal Information. Complete this part to provide the explanations required | by Part II, line 10; Part II, line 1 | |
| and Part III, line 12. Provide any other additional information. See instructions. | | |
| SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: | • | |
| | | |
| OTHER INCOME | | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| SCHEDULE A, PART II, LINE 1, UNUSUAL GRANTS: | | |
| | | 5 |
| FOR THE YEAR ENDED 9/30/2009, THERE WAS ONE UNUSUAL GRANT OF \$21,625,000. | • | |
| | | |
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

| Section 501(c)(4), (5), or (6) organization | ations: Complete Part III. | | | · . |
|---|---|---------------------------------------|--|--|
| Name of organization CONNECTED | THE CALIFORNIA CENTER FOR | - | Empl | oyer identification number |
| | COLLEGE AND CAREER | | | |
| Part I-A Complete if the or | ganization is exempt under | section 501(c) | or is a section 527 o | rganization. |
| 1 Provide a description of the organ | ization's direct and indirect political c | ampaign activities in | n Part IV. | |
| 2 Political expenditures | , | | ▶.\$ | |
| | | | | |
| | | | | |
| | ganization is exempt under | | | |
| 1 Enter the amount of any excise tax | x incurred by the organization under | section 4955 | ▶\$ | |
| 2 Enter the amount of any excise tax | x incurred by organization managers | under section 4955 | ▶ \$ | |
| | on 4955 tax, did it file Form 4720 for | | | |
| 4a Was a correction made? | • | | | Yes No |
| b If "Yes," describe in Part IV. | | | | |
| Part I-C Complete if the or | | | | c)(3). |
| 1 Enter the amount directly expende | ed by the filing organization for section | n 527 exempt funct | ion activities > \$ | |
| 2 Enter the amount of the filing orga | | • | | |
| | | | | |
| - | es. Add lines 1 and 2. Enter here and | • | | |
| line 17b | | | ▶\$ | |
| | n 1120-POL for this year? | | | |
| | employer identification number (EIN) | | | |
| | the amount paid from the filing organ | | | |
| (PAC). If additional space is neede | elivered to a separate political organiz | ation, such as a sep | parate segregated fund or a | a political action committee |
| | | | T-: | · · · · · · · · · · · · · · · · · · · |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| • | | in . | filing organization's funds. If none, enter -0 | contributions received and promptly and directly |
| | | | idias. Il florie, effect o. | delivered to a separate |
| | | | | political organization. |
| | | | | If none, enter -0 |
| | | • | | |
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| | <u> </u> | | | |
| For Privacy Act and Paperwork Redu | ction Act Notice, see the Instructio | ns for Form 990 or | 990-EZ. Schedule C | (Form 990 or 990-EZ) 2009 |

932041 02-04-10

LHA

Schedule C (Form 990 or 990-EZ) 2009

| Part II-A Compl t if th organize (election und r section | | npt under section | n 501(c)(3) and fil | d Form 5768 | |
|--|--------------------|---|---|--|--------------------------------|
| A Check ► if the filing organization | | iated group | | | |
| B Check if the filing organization | | | visions apply. | | |
| | Lobbying Expen | nditures | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influence | e public opinion (| grass roots lobbying) | | 0. | |
| b Total lobbying expenditures to influence | | | | 0. | |
| c Total lobbying expenditures (add lines | 1a and 1b) | | | | |
| d Other exempt purpose expenditures | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 15,448,287. | |
| e Total exempt purpose expenditures (ac | ld lines 1c and 1d |) | | 15,448,287. | |
| f Lobbying nontaxable amount. Enter the | e amount from the | following table in bot | h columns. | 922,414. | |
| If the amount on line 1e, column (a) or (b) | i | bying nontaxable am | | | |
| Not over \$500,000 · | | the amount on line 1e. | | , | ÷ 1 |
| Over \$500,000 but not over \$1,000,000 | | 0 plus 15% of the exc | | | |
| Over \$1,000,000 but not over \$1,500,0 | | 0 plus 10% of the exc | | | |
| Over \$1,500,000 but not over \$17,000, | | 0 plus 5% of the exce | ss over \$1,500,000. | | ! |
| Over \$17,000,000 | \$1,000,0 | 000. | | | |
| | NEO((1) 40 | | | 220 604 | |
| g Grassroots nontaxable amount (enter 2 | | | | 230,604. | |
| h Subtract line 1g from line 1a. If zero ori Subtract line 1f from line 1c. If zero or length | | | | 0. | |
| j If there is an amount other than zero or | | ling 1i, did the erganiz | ntion file Form 4720 | | |
| reporting section 4911 tax for this year | _ | , . | adori ille i oriri 4720 | Г | Yes No |
| roporting social 4511 tax for this year | | raging Period Under | | | res NO |
| • | ns that made a s | ection 501(h) election | n do not have to comp es 2a through 2f on pa | | |
| • | Lobbying Expen | ditures During 4-Yea | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying nontaxable amount | 260,770. | 337,235. | 478,088. | 922,414. | 1,998,507. |
| b Lobbying ceiling amount | 2 | 34 f | | • | |
| (150% of line 2a, column(e)) | | | | | 2,997,761. |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | 65,193. | 84,309. | 119,522. | 230,604. | 499,628. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | 10 | • | | 749,442. |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2009

E AND CAREER .20-4781979

| Part II-B | Compl te if the | n organization is | xempt under section 501(c)(3) | and has NOT f | iled Form 5768 |
|-----------|-----------------|---------------------|-------------------------------|---------------|----------------|
| | (election unde | er section 501(h)). | | | |

| | | (2 | 1) | (1 |) |
|-----|---|---------------|--|-------------|---------------------------------------|
| | | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | 70 · · · · · · · · · · · · · · · · · · · | 5 - 5 - | i ki |
| b | Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| | Grants to other organizations for lobbying purposes? | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | - | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| | Other activities? If "Yes," describe in Part IV | | | | |
| | Total. Add lines 1c through 1i | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | <u>`</u> |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6). | on 501(c) | (5), or se | ction | , |
| | | | | Yes | No |
| ્ 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | | 3 | 300 | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." | | | | i |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| b | Carryover from last year | | | | |
| С | | | 2c | | |
| 3 | A | | 3 | | · · · · · · · · · · · · · · · · · · · |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | cess | - 2 | | |
| | expenditure next year? | ********** | 4 | | |
| | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| | t IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and additional information. | nd Part II-B, | line 1i. Also | o, complete | e this part |
| | | | | | |
| | | | | | |
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| | | · | ····· | | |

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

CONNECTED THE CALIFORNIA CENTER FOR

COLLEGE AND CAREER

Employer identification number 20-4781979

| Pai | | - | s or Accounts. Complete if the |
|-----|--|--|---|
| | organization answered "Yes" to Form 990, Part IV, line | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | · · · · · · · · · · · · · · · · · · · |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | | |
| | are the organization's property, subject to the organization's | | |
| 6 | Did the organization inform all grantees, donors, and donor a | 5 5 | • |
| | for charitable purposes and not for the benefit of the donor of | | |
| _ | | | |
| Pai | | | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | | |
| | Preservation of land for public use (e.g., recreation or p | pleasure) Preservation of an hi | storically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | • |
| - 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | |
| | | , · | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | |
| b | | | |
| | Number of conservation easements on a certified historic str | | |
| | Number of conservation easements included in (c) acquired | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the | ne organization during the tax |
| | year > | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | · · — — |
| _ | violations, and enforcement of the conservation easements i | *************************************** | Yes N |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| • | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIV, describe how the organization reports conservat | · · · · · · · · · · · · · · · · · · · | |
| | include, if applicable, the text of the footnote to the organiza | tion's financial statements that describes | s the organization's accounting for |
| Pai | conservation easements. † III Organizations Maintaining Collections o | f Art Historical Traceuros or C | Other Similar Assets |
| - 4 | Complete if the organization answered "Yes" to Form | · · · · · · · · · · · · · · · · · · · | other Similar Assets. |
| | · · | 000,1 41111, 1110 0. | • |
| 1a | If the organization elected, as permitted under SFAS 116, no | at to report in its revenue statement and I | calange shoot works of ort. historical |
| | treasures, or other similar assets held for public exhibition, e | | |
| | the footnote to its financial statements that describes these | • | dolic service, provide, in Fart XIV, the text |
| h | If the organization elected, as permitted under SFAS 116, to | | noo abaat wasta of out bistoriael turous |
| · | or other similar assets held for public exhibition, education, of | | |
| | these items: | or research in furtherance of public service | e, provide the following amounts relating |
| | | • | ▶ ` ♠ |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | |
| 2 | If the organization received or held works of art, historical tre | assures or other similar assets for financi | |
| | the following amounts required to be reported under SFAS 1 | • | ai gain, provide |
| а | Revenues included in Form 990, Part VIII, line 1 | | · • • |
| | Assets included in Form 990, Part X | | |
| _ | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

| | dule D (Form 990) 2009 COLLEGE AND | | | | | 20-478 | | - | age 2 |
|--------|---|------------------------|---|--------------------|-------------|---------------------------------------|------------------|---------|-------|
| Par | t III Organizations Maintaining C | | | | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check any of the | e following that a | ire a sign | ificant use of it | s collectic | n item | s |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | d | Loan or ex | change program | s | | | | |
| b | Scholarly research | е | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how they further | the organization | 's exemp | t purpose in Pa | art XIV. | | |
| 5 | During the year, did the organization solicit o | • | | • | • | | | | |
| - | to be sold to raise funds rather than to be ma | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | |
| | reported an amount on Form 990, Pai | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | Is the organization an agent, trustee, custodi | | liary for contribution | ons or other asse | ets not inc | cluded | | | |
| IG | on Form 990, Part X? | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIV | | | | ., | | 163 | | _ 140 |
| b | in res, explain the arrangement in Part Aiv | and complete the to | mowing table. | | | | A | | |
| | Decimalis a below as | | * | | | 1 - | Amour | н : | |
| | Beginning balance | | | · · | | 1c | | | |
| | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | - [- | · · · · | |
| | Did the organization include an amount on Fe | | 21? | · | | ∟ | Yes | | _No |
| - | If "Yes," explain the arrangement in Part XIV. | | | | | | | | |
| Pai | t V Endowment Funds. Complete | f the organization an | swered "Yes" to F | orm 990, Part IV | , line 10. | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years t | back (d) | Three years bac | k (e) Fou | r years | back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| Ç | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | ٠ | . 55.0 | | |
| | and programs | | | | . 1 | | | | |
| f | Administrativé expenses | | | | | • | | | |
| g | End of year balance | | | 1 | ···· | · · · · · · · · · · · · · · · · · · · | | | |
| 2 | Provide the estimated percentage of the year | r end halance held s | ie. | | | | | | |
| | Board designated or quasi-endowment | a cha balance nela e | % | | | | | | |
| о ь | Permanent endowment | % | | | | | | | |
| | | | | | | • • | | | |
| Ç | · ———————————————————————————————————— | | -4: 414 11-1 | | | | | | |
| Sa | Are there endowment funds not in the posse | ession of the organiza | ation that are neig | and administere | a for the | organization | | r., | |
| | by: | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | 3a(i) | | |
| _ | (ii) related organizations | | *************************************** | | | | 3a(ii) | | |
| | If "Yes" to 3a(ii), are the related organizations | s listed as required o | on Schedule R? | | | | 3b | L | |
| 4 | Describe in Part XIV the intended uses of the | organization's endo | wment funds. | | | | | | |
| Pai | t VI Investments - Land, Building | | | 0, Part X, line 10 | | - | | | |
| | Description of investment | (a) Cost or o | ' ' | st or other | (c) Accu | umulated | (d) Boo | k valu | е |
| | | basis (investr | nent) basis | s (other) | depre | eciation | | | |
| 1a | Land | | | , | | | | | |
| | Buildings | | | | | | | | |
| С | Leasehold improvements | | | 5,381. | | 4,332. | | 1 | 049. |
| | Equipment | | | 45,493. | | 15,415. | | | 078. |
| | Other | | | 6 050 | | 3 126 | , | | 924 |

Schedule D (Form 990) 2009

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

| Schedule D (Form 990) 2009 COLLEGE AND CAREE | | | 20- | 4/819/9 Page 3 |
|--|--|-----------|--|---|
| Part VII Inv stments - Other Securities. See | Form 990, Part X, line 12. | | | |
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valuated of end-of-year main | |
| Financial derivatives | | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
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| | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) | | | | |
| Part VIII Investments - Program Related. Se | ee Form 990, Part X, line 13. | | | |
| (a) Description of investment type | (b) Book value | | (c) Method of value | |
| (a) Description of investment type | (b) Book value | Cos | t or end-of-year ma | rket value |
| | | | | |
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| | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) | | | | * |
| Part IX Other Assets. See Form 990, Part X, line | | | | |
| (a) | Description | | | (b) Book value |
| | | | | |
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| | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X | 15.) | | > | <u> </u> |
| (-) 5 | And the second s | A Amount | | |
| The state of the s | (L | o) Amount | | |
| Federal income taxes | | | | |
| · | | | | |
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| | | | · 2011 | 1. A. M. C. |
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| | | ÷ | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | 25) | | | |
| | | | | |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

Schedule D (Form 990) 2009

| | dule D (Form 990) 2009 COLLEGE AND CAREER | | . 20-478 | |
|---------|--|------------------|-----------------|--|
| Pai | rt XI R conciliation of Chang in Net Assets from Form 990 to Audit d | Financial S | Stat m nts | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | | 5,493,523. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2_ | | 15,448,287. |
| - 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | | -9,954,764. |
| 4 | Net unrealized gains (losses) on investments | 4 | | • |
| 5 | Donated services and use of facilities | 5 | | |
| 6 | Investment expenses | 6 | : | |
| 7 | Prior period adjustments | | | |
| 8 | Other (Describe in Part XIV.) | | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | - | 0. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | | | -9,954,764. |
| Pai | rt XII Reconciliation of Revenue per Audited Financial Statements With | Revenue p | er Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 5,493,523. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | 1 - 1 | | | |
| b | | | | |
| c | Recoveries of prior year grants 2c | | | |
| d | Other (Describe in Part XIV.) | | | |
| e | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | ······ | 5,493,523. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | -, -, -, -, -, -, -, -, -, -, -, -, -, - |
| a | | | | |
| _ | | | | |
| b | 1 | | | 0. |
| | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 4c | 5,493,523. |
| 5 Pa | rt XIII Reconciliation of Expenses per Audited Financial Statements Wit | h Evnenses | ner Retur | |
| | The state of the s | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 15,448,287. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| _ | | | | |
| b | | | | • |
| С. | Other losses 2c | | · | |
| | Other (Describe in Part XIV.) | | | _ |
| _ | Add lines 2a through 2d | | | 0, |
| 3 | Subtract line 2e from line 1 | | 3 | 15,448,287. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| | Other (Describe in Part XIV.) | L | - | |
| С | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 15,448,287. |
| 4.55 | rt XIV Supplemental Information | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part $\dot{	ext{III}}$, lines 1a a | nd 4; Part IV, I | ines 1b and 2b | ; Part V, line 4; Part |
| X, lin | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this pa | rt to provide a | ny additional i | nformation. |
| PART | T X: EFFECTIVE DECEMBER 31, 2009, THE ORGANIZATION ADOPTED | | | |
| | | | | |
| FINA | ANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS | | | |
| | | | | |
| CODI | FICATION ("ASC") TOPIC NO. 740, "UNCERTAINTY IN INCOME TAXES" ("ASC | | | |
| | | - | | |
| 740' |) (FORMERLY FASB INTERPRETATION NO. 48 ("FIN 48"), "ACCOUNTING FOR | | | , |
| | | | | |
| UNCE | ERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109"). | | | |
| | | | | |
| ASC | 740 CLARIFIES THE UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE | | • | |
| | | | | · |
| ENTE | ERPRISE'S FINANCIAL STATEMENTS. THE ORGANIZATION HAS DETERMINED THAT | | | |
| | | | | |
| THE | ADOPTION OF ASC 740 DID NOT RESULT IN THE RECOGNITION OF ANY LIABILITY | | | |
| ດວວກຣ | | | Schedu | e D (Form 990) 2009 |

932054 02-01-10

CONNECTED THE CALIFORNIA CENTER FOR

| Schedule D (Form 990) 2009 | COLLEGE AND CAREER | | 20-4781979 | Page 5 |
|---|----------------------|---|----------------|--------------|
| Schedule D (Form 990) 2009 Part XIV Supplem ntal Int | ormation (continued) | | | |
| FOR UNCERTAIN TAX POSITIONS | | | | |
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| 932055 02-01-10 | | | Schedule D (Fo | rm 990) 2009 |
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15050812 701224 9174

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization CONNECTED THE CALIFORNIA CENTER FOR

Employer identification number

| COLLEGE AND CA | AREER | | • . | | | | 20-4781979 |
|---|--------------------|-------------------------------|--------------------------|---|--|---|---|
| Part I General Information on Grants a | nd Assistance | | | | | | |
| 1 Does the organization maintain records | to substantiate th | e amount of the grants | s or assistance, the | grantees' eligibili | ty for the grants or as: | sistance, and the selec | tion |
| criteria used to award the grants or assi | stance? | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pro | ocedures for mon | toring the use of grant | t funds in the Unite | d States. | | • | |
| Part II Grants and Other Assistance to | Governments an | d Organizations in th | e United States. C | omplete if the org | janization answered " | Yes" to Form 990, Part | IV, line 21, for any |
| recipient that received more than | \$5,000. Check thi | s box if no one recipie | nt received more th | an \$5,000. Use P | | 1 (Form 990) if addition | nal space is needed ► |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ANTIOCH UNIFIED SCHOOL DISTRICT 510 G STREET ANTIOCH, CA 94509 | 86-1134505 | 170(C)(1) | 1,000,000. | | CASH GRANT | N/A | TO IMPLEMENT A SYSTEM OF LINKED LEARNING THROUGH MULTIPLE PATHWAYS. |
| 12.12.00m, Cit 34303 | 00 1134303 | 1,0(0,(1) | 1,000,000. | ٠, | CASH GRANT | N/A | MOBITEDE FAIRWAIS, |
| LONG BEACH UNIFIED SCHOOL DISTRICT 1515 HUGHES WAY LONG BEACH, CA 90713 | 95-6001886 | 170(C)(1) | 1,150,000. | | CASH GRANT | N/A | TO IMPLEMENT A SYSTEM OF LINKED LEARNING THROUGH MULTIPLE PATHWAYS. |
| LOS ANGELES UNIFIED SCHOOL DISTRICT, DISTRICT #4 - 4201 WILSHIRE BLVD., STE. 200 - LOS ANGELES, CA 90010 | 95-6001908 | 170(C)(1) | 1,275,000. | 0. | CASH GRANT | N/A | TO IMPLEMENT A SYSTEM OF LINKED LEARNING THROUGH MULTIPLE PATHWAYS. |
| MONTEBELLO UNIFIED SCHOOL DISTRICT 123 S. MONTEBELLO BLVD. MONTEBELLO, CA 90640 | 95-6002104 | 170(C)(1) | 1,125,000. | 0. | CASH GRANT | | TO IMPLEMENT A SYSTEM OF LINKED LEARNING THROUGH MULTIPLE PATHWAYS. |
| OAKLAND UNIFIED SCHOOL DISTRICT 4521 WEBSTER STREET OAKLAND, CA 94609 | | 170(C)(1) | 1,175,000. | 0. | CASH GRANT | N/A | TO IMPLEMENT A SYSTEM OF LINKED LEARNING THROUGH MULTIPLE PATHWAYS. |
| PASADENA EDUCATIONAL FOUNDATION 351 S. HUDSON AVE. PASADENA, CA 91109 | 23-7149451 | 170(C)(1) | 1,150,000. | 0. | CASH GRANT | N/A | TO IMPLEMENT A SYSTEM OF LINKED LEARNING THROUGH MULTIPLE PATHWAYS. |
| 2 Enter total number of section 501(c)(3) a | nd government o | rganizations | | *************************************** | | |) 1. |
| 3 Enter total number of other organization | s | | | | | | |
| = = | | | | | | | |

.HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

932101 02-02-10

CONNECTED THE CALIFORNIA CENTER FOR

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|-----------------------------|---------------------------------------|--|--|
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| | | | | | · |
| Supplemental Information. Complete this part to pr | ovide the informatio | n required in Port I | ling 2 and any other | additional information | |
| | | | , line 2, and any other | additional information. | · |
| JLE I, PART I, LINE 2: INCLUDED IN EACH OF | THE GRANT AGREE | MENTS ARE | | | |
| EMENTS FOR REGULAR REPORTING OF USE OF GRA | NTS TO THE ORGA | NIZATION, IN | | | |
| ON, FOR MOST OF THE LARGER GRANTS THE ORGA | NIZATION HAS A | DIRECTOR OR | | | • |
| HEAVILY INVOLVED IN THE MONITORING OF PROG | RESS OF THE GRA | wr's | | | , |
| | THE GIAL | | | | |
| Е. | | | | | |
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SCHEDULE I-1 (Form 990) Department of the Treasury

Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047 2009 Open to Public Inspection

Name of the organization

CONNECTED THE CALIFORNIA CENTER FOR

COLLEGE AND CAREER

Employer identification number 20-4781979

| COLLEGE AND CA | AREER | | | | | | 20-4781979 |
|--|------------------|--------------------|--------------------|--------------------------------------|------------------------|----------|---|
| Part I Continuation of Grants and Other | Assistance to Go | vernments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
| (a) Name and address of organization or government | (b) EIN | | | (g) Description of non-cash assistan | | | |
| PORTERVILLE UNIFIED SCHOOL DISTRICT - 600 WEST GRAND AVE PORTERVILLLE, CA 93257 | 77-0562920 | 170(C)(1) | 1,020,000. | 0, | CASH GRANT | N/A | TO IMPLEMENT A SYSTEM OF LINKED LEARNING THROUGH MULTIPLE PATHWAYS. |
| SACRAMENTO CITY UNIFIED SCHOOL DISTRICT - 5735 47TH AVE SACRAMENTO, CA 95824 | 94-6002491 | 170(C)(1) | 1,155,000. | 0. | CASH GRANT | N/A | TO IMPLEMENT A SYSTEM OF LINKED LEARNING THROUGH MULTIPLE PATHWAYS. |
| SAN DIEGO UNIFIED SCHOOL DISTRICT 4100 NORMAL STREET SAN DIEGO, CA 92103 | 95-6002781 | 170(C)(1) | 85,000. | 0, | CASH GRANT | N/A | TO IMPLEMENT A SYSTEM OF LINKED LEARNING THROUGH MULTIPLE PATHWAYS. |
| WEST CONTRA COSTA SCHOOL DISTRICT 1108 BISSELL AVE. RICHMOND, CA 94801 | 68-0000495 | 170(C)(1) | 1,150,000. | 0. | CASH GRANT | N/A | TO IMPLEMENT A SYSTEM OF LINKED LEARNING THROUGH MULTIPLE PATHWAYS. |
| PEARSON GRANT SUPPORT 247 MILLER AVE. MILL VALLEY, CA 94941 | 11-3690722 | 501(C)3 | 17,500. | 0. | CASH GRANT | N/A | TO IMPLEMENT A SYSTEM OF LINKED LEARNING THROUGH MULTIPLE PATHWAYS. |
| | | · | | | | | |
| | | | | | | | |
| | | | · | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

932241 02-01-10

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990.
➤ See separate instructions. CONNECTED THE CALIFORNIA CENTER FOR

COLLEGE AND CAREER

Employer identification number

20-4781979 Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? х c Participate in, or receive payment from, an equity-based compensation arrangement? x If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Х b Any related organization? х If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? Х **b** Any related organization? X If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2009 COLLEGE AND CAREER 20-4781979

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---------------------------------------|-------------|--------------------------|-------------------------------------|---|--------------------------------|-------------------|---------------------------------------|---|
| (A) Name | - | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | reported in prior Form 990 or Form 990-EZ |
| | (i) | 286,028. | 0. | 0. | 20,022. | 3,430. | 309,480. | . 0. |
| GARY HOACHLANDER | (ii) | 0. | 0, | 0. | 0. | 0, | 0. | 0, |
| | (i) | 220,419. | 0, | 0. | 15,429. | 3,599. | 239,447. | 0. |
| PAULA M. HUDIS | (ii) | 0. | 0. | 0. | 0. | 0, | 0. | 0. |
| | (i) | 169,515. | 0. | 0. | 11,866. | 3,654. | 185,035. | 0. |
| ARLENE LAPLANTE | (ii) | 0. | 0. | 0. | 0. | . 0, | 0. | 0. |
| | (i) | 152,214. | 0. | 0. | 10,655. | 1,946. | 164,815. | 0, |
| ROMAN J. STEARNS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0, |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
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| | (i) (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | - | |
| | (ii) | | - | | | | | |
| | (i) | | | | | | | |
| | (ii) | , | | | | | | |
| * | (i) | | | | | | | |
| | (1) | - | | | | | | |
| | [1,11/] | | | | | | | |

Schedule J (Form 990) 2009

932112 02-02-10

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009

OMB No. 1545-0047

Open To Public Inspection

Name of the organization CONNECTED THE CALIFORNIA CENTER FOR

COLLEGE AND CAREER

Employer identification number

20-4781979

| | anization ans | wered "Yes | on Form 990, Part IV, | line 25a or 25b, or For | m 990-E | Z, Part ' | V, line 40 | b. | | |
|--|------------------------------|----------------------|--|---|--|---|--------------|---------------------|----------------|------------------------------|
| 1 (a) Name of dis | nauglified per | oon | | (h) Description | of transa | otion | | | (c) Cori | ected |
| (a) Name of this | | 5011 | | (b) Description of transaction | | | | | | |
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| 2 Enter the amount of tax imp section 4958 | | - | n managers or disqualifi | , | • | | ▶ \$ | - | , | |
| 3 Enter the amount of tax, if a | | | | | | | | | | • |
| Part II Loans to and/o | or From In | erested | Persons | | | | | | | |
| | | | on Form 990, Part IV, | line 26, or Form 990.F | 7 Part \ | lina 39 | 20 | | | |
| (a) Name of interested person and purpose | (b) Loan | to or from nization? | (c) Original principal amount | (d) Balance due | (e) | ln | (f) App | ard or | (g) W agree | |
| · · · · · | То | From | - | | Yes | No | cómm Yes | No. | Yes | No |
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| otal | | I. | > \$ | l | 1 | | 1 1 | | | L |
| | stance Be | nefiting | nterested Person | s. | 1 | | , I | | · · · | |
| Complete if the orga | anization ans | wered "Yes | on Form 990, Part IV, | line 27. | | | | | | |
| Complete if the organization answered "Yes" on Form | | | (I-) D-I-tiI-i It | | | tionship between interested person and (c) Amount a | | | | |
| (a) Name of interested | (b) Helat | | | | and | | | | | f |
| (a) Name of interested | | | | een interested person ganization | and | | | ount an assistan | | f |
| (a) Name of interested | | | | | and | | | | | f |
| (a) Name of interested | | | | | and | | | | | f |
| (a) Name of interested | | | | | and | | | | | f |
| (a) Name of interested | | | | | and | | | | | f |
| (a) Name of interested | | | | | and | | | | | f |
| | | nvolving | | ganization | and | | | | | f |
| Part IV Business Trans | sactions Ir | • | the on | ganization | and | | | assistan | ice . | |
| Part IV Business Trans Complete if the orga | sactions Ir anization ans | wered "Yes | the or | S. line 28a, 28b, or 28c. nterested (c) Amo | ount of | | | ion of | (e) Sha | aring o |
| Part IV Business Trans Complete if the orga | sactions Ir anization ans | wered "Yes | Interested Person " on Form 990, Part IV, Relationship between ir | S. line 28a, 28b, or 28c. nterested (c) Amo | ount of | | Descripti | ion of | (e) Sha | aring o |
| Part IV Business Trans Complete if the orga (a) Name of interested | sactions Ir anization ans | wered "Yes | Interested Person " on Form 990, Part IV, Relationship between ir | S. line 28a, 28b, or 28c. nterested (c) Amo | ount of | | Descripti | ion of | (e) Sha | aring o |
| Part IV Business Trans Complete if the orga (a) Name of interested | sactions Ir anization ans | wered "Yes | Interested Person on Form 990, Part IV, Relationship between ir person and the organiz | S. line 28a, 28b, or 28c. nterested (c) Amo | ount of | | Descripti | ion of | (e) Sha | aring o cation': iues? |
| Part IV Business Trans Complete if the orga | sactions Ir anization ans | wered "Yes | Interested Person on Form 990, Part IV, Relationship between ir person and the organiz | S. line 28a, 28b, or 28c. nterested (c) Amo | ount of | | Descripti | ion of | (e) Sha | aring o cation': iues? |
| Part IV Business Trans Complete if the orga (a) Name of interested | sactions Ir anization ans | wered "Yes | Interested Person on Form 990, Part IV, Relationship between ir person and the organiz | S. line 28a, 28b, or 28c. nterested (c) Amo | ount of | | Descripti | ion of | (e) Sha | aring o cation': iues? |

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

Instructions for Form 990 or 990-EZ.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

| Name of the organization CONNECTED THE CALIFORNIA CENTER FOR COLLEGE AND CAREER | Employer identification number 20-4781979 |
|--|---|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | |
| CONNECTED'S MISSION IS TO SUPPORT THE DEVELOPMENT OF LINKED LEARNING | , <u>, , , , , , , , , , , , , , , , , , </u> |
| AND THE PATHWAYS BY WHICH CALIFORNIA'S YOUNG PEOPLE CAN COMPLETE HIGH | |
| SCHOOL, ENROLL IN POSTSECONDARY EDUCATION, ATTAIN A FORMAL CREDENTIAL, | |
| AND EMBARK ON LASTING SUCCESS IN THE WORLD OF WORK, CIVIC AFFAIRS, AND | |
| FAMILY LIFE. WE ARE DEDICATED TO ADVANCING PRACTICE, POLICY, AND | |
| RESEARCH SUPPORTING LINKED LEARNING. | |
| | |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | |
| CONNECTED'S MISSION IS TO SUPPORT THE DEVELOPMENT OF LINKED LEARNING | |
| AND THE PATHWAYS BY WHICH CALIFORNIA'S YOUNG PEOPLE CAN COMPLETE HIGH | |
| SCHOOL, ENROLL IN POSTSECONDARY EDUCATION, ATTAIN A FORMAL CREDENTIAL, | |
| AND EMBARK ON LASTING SUCCESS IN THE WORLD OF WORK, CIVIC AFFAIRS, AND | |
| FAMILY LIFE. WE ARE DEDICATED TO ADVANCING PRACTICE, POLICY, AND | , |
| RESEARCH SUPPORTING LINKED LEARNING. | |
| | |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: | |
| MEDIA & YOUTH DEVELOPMENT: RESPONSIBLE FOR EXPANSION AND MAINTENANCE | |
| OF CONNECTED'S DIGITAL INFRASTRUCTURE, AND TO PROVIDE ACCESS TO A | |
| GREATER NUMBER OF EDUCATORS WHO ARE INTERESTED IN IMPLEMENTING MODEL | - No. of the Control |
| PATHWAYS TO ALLOW STAKEHOLDERS (TEACHERS, STUDENTS, PROFESSIONALS) TO | |
| CONNECT VIA AN ONLINE LEARNING PORTAL THAT SUPPORTS LINKED LEARNING. | |
| | |
| POLICY ANALYSIS & DEVELOPMENT: MANAGES A DATABASE ON CALIFORNIA | |
| PARTNERSHIP ACADEMIES AND ANALYZES STATE DATA ON STUDENT PARTICIPATION | |
| IN CTE PROGRAMS, CAREER ACADEMIES AND REGIONAL OCCUPATIONAL PROGRAMS TO | |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10 | Schedule O (Form 990) 2009 |

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990:

OMB No. 1545-0047
2009
Open to Public Inspection

| Name of the organization | CONNECTED THE CALIFORNIA CENTER FOR COLLEGE AND CAREER | Employer identification number 20-4781979 |
|--------------------------|--|---|
| PRODUCE A SUMMARY OF ST | TUDENT PARTICIPATION IN SECONDARY CTE IN | |
| CALIFORNIA. | | |
| | | |
| PECUIPOE CENTER. CAMUI | ERS DATA TO ASSIST CONNECTED'S OTHER PROGRAM | |
| | | <u> </u> |
| AREAS AND ASSESS THE EN | FFECTIVENESS OF THOSE PROGRAMS. INFORMATION | · · · · · · · · · · · · · · · · · · · |
| GATHERED WILL BE AVAILA | ABLE TO GRANT RECIPIENT SCHOOLS AND | |
| ADMINISTRATORS | | |
| | | |
| FORM 990, PART VI, SEC | TION B, LINE 11: THE INFORMATIONAL RETURN IS | |
| PREPARED BY OUTSIDE ACC | COUNTANTS AND IS REVIEWED BY THE BOARD PRIOR TO | |
| FILING. | | |
| | | |
| FORM 990, PART VI, SEC | TION B, LINE 12C: THE ORGANIZATION SENDS A CONFLICT | |
| OF INTEREST SURVEY ANN | UALLY TO THE BOARD OF DIRECTORS, AND OFFICERS. THE | |
| SURVEYS ARE REVIEWED TO | O ENSURE THEY ARE COMPLIANT WITH THE POLICY. | · . |
| • | | |
| FORM 990, PART VI, SEC | TION B, LINE 15: REVIEWS OF LOCAL AND INDUSTRY | |
| STATISTICS ARE PERFORM | ED TO DETERMINE APPROPRIATE COMPENSATION PACKAGE FOR | |
| AN OFFICER. | | |
| | · · · · · · · · · · · · · · · · · · · | |
| FORM 990, PART VI, SEC | TION C, LINE 18: ALL INFORMATIONAL RETURN DOCUMENTS | |
| ARE AVAILABLE TO THE PO | UBLIC EITHER THROUGH WWW.GUIDESTAR.ORG OR UPON | |
| REQUEST. | | |
| | | |
| FORM 990, PART VI, SECT | TION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT | |
| | FORMATIONAL RETURNS AND FINANCIAL STATEMENTS ARE | |
| | perwork Reduction Act Notice, see the Instructions for Form 990. | Schedule O (Form 990) 2009 |

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009
Open to Public Inspection

| Name of the organization | CONNECTED THE CALIFORNIA CENTER FOR | | Employer identification number |
|--------------------------|--|---------------------------------------|---------------------------------------|
| | COLLEGE AND CAREER | | 20-4781979 |
| AVAILABLE TO THE PUBLI | C UPON REQUEST. | | , |
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| | · · · · · · · · · · · · · · · · · · · | | , , , , , , , , , , , , , , , , , , , |
| FORM 990, PART XI, LIN | E 2C: | | |
| SINCE THE FILING OF PR | IOR YEAR 2008 TAX RETURN, THERE HAVE | BEEN NO | |
| CHANGES TO THE AUDIT C | VERSIGHT AND SELECTION PROCESS. | | · · |
| • | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | · | |
| SCH L, PART IV, BUSINE | SS TRANSACTIONS INVOLVING INTERESTED | PERSONS: | |
| (A) NAME OF PERSON: MF | R ASSOCIATES | | |
| (B) RELATIONSHIP BETWE | EN INTERESTED PERSON AND ORGANIZATION | • | |
| | | | · · · · · · · · · · · · · · · · · · · |
| MR. HOACHLANDER IS CHA | IRMAN OF MPR ASSOCIATES & PRESIDENT O | F CONNECTED. | |
| (C) AMOUNT OF TRANSACT | ION \$ 934900. | | |
| (D) DESCRIPTION OF TRA | NGAGRION. BEGRADON C ANALYGIC ON PRIVO | ATION | |
| (b) DESCRIPTION OF TRA | NSACTION: RESEARCH & ANALYSIS ON EDUC. | ATION | |
| IMPROVEMENT. | | | |
| (E) SHARING OF ORGANIZ | ATION REVENUES? = NO | • | |
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| SCHEDULE R |
|----------------------------|
| (Form 990) |
| Department of the Treasury |

Related Organizations and Unrelated Partnerships

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

➤ Attach to Form 990. ➤ See separate instructions.

2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CONNECTED THE CALIFORNIA CENTER FOR

COLLEGE AND CAREER

Employer identification number

| COLLEGE AND CAREER | | | | | 20-4/819/9 |
|--|--|---|-------------------------------|--|-------------------------------------|
| Part 1 Identification of Disregarded Entitles (Complet | e if the organization answered "Yes" to | Form 990, Part IV, line 33.) | | | |
| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| | | | | | - |
| | | · | | · | |
| | . , | | | | |
| | | | | 1 | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year.) | ations (Complete if the organization and | swered "Yes" to Form 990, Pa | rt IV, line 34 becaus | e it had one or more | related tax-exempt |
| (a) Name, address, and EIN of related organization | (b) Primary activity . | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
| | | | | | |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

932161 02-04-10

Page 2

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | Predomina (related, excluded fro | e) ant income unrelated, om tax under 512-514) | Share | (f) e of total come | Sha end- | (g) are of of year sets | Dispropate allow | ortion- | (i) Code V-UE amount in b 20 of Sched K-1 (Form 10 | OX man | agir tner |
|--|---|---|-------------------------------|---|--|---------------|---------------------------------|-------------------|----------------------------------|-----------------------|----------|--|-------------------------|--------------|
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| Identification of Related Orgorganizations treated as a cor | ganizations Taxable as a Cor poration or trust during the ta | poration or x year.) | Trust (Complete if | the organiza | tion answere | d "Yes" | to Form 9 | 90, Part | IV, line 3 | 4 beca | use it l | had one or mo | ore relate | ∍d |
| (a) Name, address, and El of related organization | N 1 | Pr | (b) mary activity | (c) Legal domicile (state or foreign country) | (d) Direct con entity | trolling y | Type of (C corp. s or tru | entity S corp, | Share | f) of total ome | | (g) Share of end-of-year assets | (h) Percen owners | tage |
| R ASSOCIATES - 94-2816955 50 SHATTUCK AVENUE, SUITE 126 RKELEY, CA 94704 | 00 | PECENDO | H & ANALYSIS | CA | N/A | | S CORP | | | | | | | |
| , Cn 747/4 | | NESEARCI | a AMADISIS | LA . | N/A | | S CORP | | | | 0. | 0. | | .00 |
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932162 07-21-10

Schedule R (Form 990) 2009

CONNECTED THE CALIFORNIA CENTER FOR

| Sche | edule R (Form 990) 2009 COLLEGE AND CAREER | 20-478 | 81979 | | Р | age 3 |
|------------|--|---|--------------------|--------------|-------|----------|
| Part | Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) | | | | | |
| Not | e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes | No |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | · [| | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | 1 | a | | Х |
| b | Gift, grant, or capital contribution to other organization(s) | | [1 | b | | Х |
| · c | Gift, grant, or capital contribution from other organization(s) | | 1 | ic | | х |
| d | Loans or loan guarantees to or for other organization(s) | | | ıa İ | | х |
| е | Loans or loan guarantees by other organization(s) | | | le l | | Х |
| | | | | | - | |
| f | Sale of assets to other organization(s) | | <u> </u> | lf | | х |
| a | Purchase of assets from other organization(s) | | ······ - | ia l | | х |
| h | Exchange of assets | | ······ | lh l | | х |
| i | Lease of facilities, equipment, or other assets to other organization(s) | | ······ ; | 1i | | х |
| • | The state of the s | | ·····- | " | | |
| | Lease of facilities, equipment, or other assets from other organization(s) | | _ <u></u> ⊢. | 1i | х | <u> </u> |
| , | Performance of services or membership or fundraising solicitations for other organization(s) | | ····· | ık İ | - | x |
| ì | Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) | *************************************** | ······ - <u>'</u> | 11 | х | |
| , | - Chains of facilities on immoest medical lists or other process. | ••••• | ······ - | | | х |
| | Sharing of facilities, equipment, mailing lists, or other assets | | ······ - <u>}</u> | <u>m</u> | | X |
| | Sharing of paid employees | *************************************** | ······ | ln | | |
| _ | Painshunannat naid to ather your institution | | <u> </u> | | | Х |
| | Reimbursement paid to other organization for expenses | | | 0 | | |
| р | Reimbursement paid by other organization for expenses | | [_1 | Р | _ | х |
| | | | <u> </u> | - | | |
| q | Other transfer of cash or property to other organization(s) | | [_1 | lq | | Х |
| <u>_r</u> | Other transfer of cash or property from other organization(s) | | | lr | | Х |
| _2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and tr | ansaction thresholds. | | | | |
| | (a) Name of other organization(s) | (b) Transaction type (a-r) | Amou | (c) nt in | volve | d |
| (1) M | upr associates | J | | | 169, | 158. |
| (2) M | MPR ASSOCIATES | L | | | 934, | 900. |
| | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| <u>(5)</u> | | | | | | |
| (6) | · | | | | | |
| 93216 | 3 02-04-10 | Sche | dule B (F | orm | 990) | 2009 |

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | | | |) | (g) | (h) | |
|----------------------------------|------------------|-------------------------------------|--|---------------------------|---------------------------------|-------------------------------|----|--|-----------------------|--------------------------|
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign | Are all part section 501 organization | tners 1(c)(3) ions? | Share of end-of- year assets | Disproportionate amount in bo | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana parti | eral or aging ner? |
| | | country) | Yes I | No | | Yes | No | (Form 1065) | Yes | No |
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Schedule R (Form 990) 2009

932164 02-04-10

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property) ► See separate instructions.

Attach to your tax return.

Sequence No. 67

OMB No. 1545-0172

Business or activity to which this form relates CONNECTED THE CALIFORNIA CENTER FOR 20-4781979 FORM 990 PAGE 10 COLLEGE AND CAREER Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000. Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (a) Classification of property (business/investment use only - see instructions) (f) Method (g) Depreciation deduction 19a 3-year property 5-year property b 7-year property C d 10-year property е 15-year property 20-year property 25-year property S/L 25 yrs. 27.5 yrs. S/L Residential rental property MM 27.5 yrs. S/L 39 yrs. MM S/L Nonresidential real property S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 11,162. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23 LHA For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2009)

Part V

| | CONNE | CTED THE CAL | LIFORNIA CE | NTER FOR | | | | | |
|-------------------------|-------------------|-------------------|-----------------|--------------|------------|--------------|-------------------|-------------------|--------------------------------------|
| (2009) | COLLE | GE AND CARE | ER | | | | | 20-4781979 | Page 2 |
| recreation, Note: For a | or amusement.) | nich you are usir | ng the standard | d mileage ra | te or dedu | • | | property used for | or entertainment, 1b, columns (a) |
| Section | A - Depreciati | on and Other Ir | nformation (Ca | aution: See | the instru | ctions for I | imits for passeng | ger automobiles) | |
| have evidence | to support the bu | siness/investment | use claimed? | Yes | No | 24b If "Y | es," is the evide | nce written? | Yes No |
| | 71. | | | | | | | | (*) |

| 24a Do you have evidence to s | | siness/investment | <u> </u> | Yes No | 24b If "Y | es," is the evide | ence written? | Yes No |
|---|----------------------------|---|-------------------------------|---|---------------------------|------------------------------|----------------------------------|---|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
| 25 Special depreciation allo | owance for q | ualified listed pro | operty placed in s | ervice during the t | ax year an | d . | | |
| used more than 50% in | a qualified b | usiness use | | | | 25 | | |
| 26 Property used more tha | n 50% in a c | ualified busines: | s use: | | | | | |
| | .: _:_ | % | | | | | - | |
| | : : | % | | | | | | |
| | : : | % | | | | | | |
| 27 Property used 50% or le | ess in a qual | ified business us | e: | | | | • | |
| | : : | % | | | | S/L - | | |
| | : : | % | ı | | | S/L | | |
| | : : | % | | | | S/L - | | |
| 28 Add amounts in column | (h), lines 25 | through 27. Ent | er here and on line | 21, page 1 | | 28 | | , to the state of |
| 29 Add amounts in column | (i), line 26. E | nter here and or | n line 7, page 1 | | | | 29 | |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for

| 30 | O Total business/investment miles driven during the year (do not include commuting miles) | | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) . Vehicle | |) icle |
|----|--|-----|----------------|-----|----------------|-----|----------------|-----|---|-----|------------------|-----|-----------|
| | Total commuting miles driven during the year Total other personal (noncommuting) miles driven | | | | | | | | *************************************** | | • | | |
| | Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 | Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 | Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 | Is another vehicle available for personal use? | | | | | | | ٠ | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

| 37 | Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your | Yes | No |
|----|--|-----|----|
| | employees? | | |
| 38 | Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your | | |
| | employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 | Do you treat all use of vehicles by employees as personal use? | | |
| 40 | Do you provide more than five vehicles to your employees, obtain information from your employees about | | |
| | the use of the vehicles, and retain the information received? | | |
| 41 | Do you meet the requirements concerning qualified automobile demonstration use? | | |
| | Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. | | |

| Note: If your answer to 37, 38, 39, 40, or 41 is | s res, ao not co | ompiete Section B for | tne coverea venicie | es. | | |
|--|------------------------------|------------------------------|---------------------------------------|------------------------------------|----|--------------------------------------|
| Part VI Amortization | , | | · · · · · · · · · · · · · · · · · · · | | | |
| (a) Description of costs | (b) Date amortization begins | (C) Amortizable amount | (d) Code section | (e) Amortizat period or pero | | (f) Amortization for this year |
| 42 Amortization of costs that begins during your | 2009 tax year: | | | , | | |
| | | | | | | |
| | | | • | | | |
| 43 Amortization of costs that began before your | 2009 tax year | | | | 43 | |
| 44 Total. Add amounts in column (f). See the ins | 44 | | | | | |

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Form 4562 (2009)